
problema este que se deverá buscar corrigir no futuro.

A equipe da Fiocruz apresentou uma revisão sobre sua produção em paleoparasitologia, enfatizando os principais objetivos da pesquisa no Brasil. Voltado para a questão do aprimoramento da sistemática de parasitos em bases morfoscópica e morfométrica, e superando as dificuldades impostas pelos processos pós-depositacionais que afetam a morfologia parasitária nos restos arqueológicos, esse estudo tem oferecido novos modelos para compreensão da evolução das doenças parasitárias e também dos processos de migração e povoamento do continente americano.

Outros trabalhos que se destacam são os de Brothwell, discutindo a história das zoonoses; o de Manchester, discutindo as evidências paleopatológicas e históricas da interação lepra x tuberculose; o de Stuart-Macadam, sobre a anemia e suas repercussões ósseas; o de Tuross, sobre paleoserologia; o de Aufderheide & Aufderheide, sobre a mumificação natural em Venzone, Itália; o de Vyhnanek & Stloukal, sobre os distúrbios de crescimento ósseo (linhas de Harris); o de Urteaga-Ballon sobre as práticas cirúrgicas e a presença de leishmaniose nas

civilizações peruanas pré-históricas; os estudos de populações pré-históricas, de contato, e históricas, feitos por Owsley, Kelley, Susuki, Bennike, Munizaga e outros; os de Buikstra & Williams e Powell, sobre a tuberculose, as treponematoses e a questão do custo adaptativo da doença crônica para populações indígenas; o de Andersen, sobre o diagnóstico medieval da lepra; o de Jurmain, sobre traumatismos; e, finalmente, os de Dahlberg e Goodman, sobre os problemas da dentogênese.

No seu conjunto, o livro é fundamental à atualização de quem pesquisa nessa área, mas também interessante para quem lida com a questão epidemiológica. Embora, como enfatiza Pfeiffer no referido volume, a paleopatologia não seja, no mais das vezes, um preditor relevante para o estudo dos padrões contemporâneos de saúde, esta poderá ser útil, consideradas as especificidades genéticas, ambientais e culturais, compreensão do panorama epidemiológico atual e mesmo realização de algumas projeções futuras.

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Death Without Weeping: The Violence of Everyday Life in Brazil. Nancy Scheper-Hughes. Berkley: University of California Press, 1992. 614 p., ilustrações, tabelas e bibliografia. (Capa Dura)
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This is a disturbing, controversial, and deeply moving book, based on the author's experience, in the 1960's as a Peace Corps worker and in the 1980's as a social anthropologist, among the poor of the Pernambucan *Zona da Mata*. In her early role as health worker Scheper-Hughes became the friend of three half-sisters, young girls at the time. She follows their lives over the years: their struggles against poverty, social discrimination, and hunger; the men in their lives, the children they bore and all too often

watched fall sick and die, and the courage with which they have endured and survived. With these women as central figures, Scheper-Hughes paints a social picture of the bustling town she calls Bom Jesus da Mata in northern Pernambuco, economically dependent on the three sugar mills in the *município* and the endless cane fields that surround them. The author's focus is on life in Alto do Cruzeiro, the crowded shantytown where urbanized rural workers live precarious lives without decent housing, sanitation, or clean water.

Like Oscar Lewis, the author derives generalizations from the course of her informants' lives, and so she describes, often in minute and graphic detail, day-to-day events: childbirth, the illness of a child; the humiliation of a fruitless visit to a clinic where medicine is offhandedly dispensed to the poor, the violent death of a teen age son.

As the title of the book indicates, death haunts its pages, primarily the death of children.

From observing and participating in life in the shantytown, Scheper-Hughes derives her most controversial conclusions. One of these conclusions is that the general decrease in infant mortality in Northeast Brazil between 1960 and 1990 is not reflected in the child death rate of the poorest classes. What Scheper-Hughes calls the "modernization of child mortality" involves its concentration in the lower classes, while the more privileged classes have a rate similar to that of the developed countries. The "old" childhood killers: measles, tetanus, meningitis, and others now largely controlled by immunization, discriminated little by class. The "new" killers are poverty-related: infant malnutrition and dehydration caused by diarrhea related to bottle-feeding. Bottle-feeding, almost unknown in the 1960's, has become universal among the poor mothers of the shantytown, as they are forced to work where they cannot take their babies and must leave them in the precarious charge of older siblings. Oral rehydration therapy, while successful in saving a sick child from the immediate effects of dehydration, cannot prevent the recurrence of disease when its life conditions remain the same.

Scheper-Hughes had considerable difficulty in tracking down local birth and death statistics, but those she finally succeeded in assembling indicated that in *Bom Jesus da Mata*, while the infant death rate in 1987 of 152 per 1000 was less than half what it was in 1965, by 1989 it appeared to be again on the rise, and over one half of all deaths in the *município* were of children under one year of age. Around 87 per cent of child deaths occurred in the poorest districts of *Bom Jesus*. In the Northeast as a whole, the infant death rate in 1987 was 76.6 per 1000, more than twice that of the Southeast of the country. As the author writes, ... *one finds in Brazil today two contradictory epidemiological profiles, one for the rich and middle classes and the*

other for the poor. It is as if history had bifurcated, producing the expected demographic transition for part of the country, leaving the rest to die the way they always had: of sickness, hunger, and gross neglect.

In a sample of 72 shantytown women interviewed by Scheper-Hughes, those over 40 had borne an average of 12.4 children, of whom 3.4 were living. Younger women had borne 6.6 children, of whom 3.1 were living.

What is the psychological effect on mothers of losing over half the babies born to them within the first year of life? According to Scheper-Hughes, the mothers' sense of powerlessness to control the causes of death, and familiarity with the symptoms which may foretell it, lead them to exercise a kind of triage through which stronger babies, those that have a "knack for living," are favored, while the weaker, those who seem to lack the will to live, are allowed to slip away with little grief. These "little angels," in their tiny, pathetic, cardboard coffins, are carried to the cemetery by a straggling procession of older children, who thus become accustomed to the idea of early death. These dead babies are seen as going straight to heaven, where eventually they will be reunited with the rest of the family.

Scheper-Hughes presents a controversial analysis of mothers' apparent indifference to the death of their babies as not a suppression of grief, but a strategy for survival. By allowing themselves to bond only to those babies who have already demonstrated their ability to survive by doing so through early infancy, these women can increase the life chances of their strongest children. According to Scheper-Hughes, modern ideas about "mother love," and about mother-infant bonding as a biologically determined process that normally occurs in the first few moments of a baby's life, are the cultural product of the demographic transition which allows women to give birth to only a few children, each of which she may anticipate raising to adulthood.

For Scheper-Hughes, mother love may have

a biological base, but its manifestations are shaped by social and economic conditions, while cultural beliefs reinforce them. The form that mother love takes in the shantytown might be considered "adaptive," in that, by favoring the strongest, it may allow the greatest number to survive under the dismal conditions prevailing. However, it seems like a distortion of the concept to apply it to conditions that involve such human waste.

Scheper-Hughes seems to feel that the cycle which brings into the world too many children to suffer and die almost before they have started to live is a cultural response to oppressive class relations, and therefore unlikely to be broken without a radical change in those relations. Nevertheless, when she queried a sample of shantytown women about the number of children that these women would want "if they could choose," their

"ideal family size" was only three children.

Scheper-Hughes is a concerned anthropologist, a participant observer with the stress on "participant". She sees her role as a double one: as social activist as well as social scientist. At the same time as she documented conditions in the shantytown leading to the loss of children's lives, she was working with a community group to rebuild a *creche* and participating in "consciousness raising" community meetings.

The preceding outline of the main themes of this book does little justice to its literary quality and the fire of compassion that lights it. Scheper-Hughes has a painful message, eloquently delivered on behalf of women whose voices would otherwise not be heard.

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